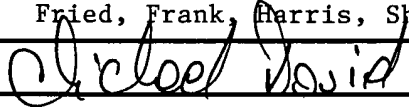
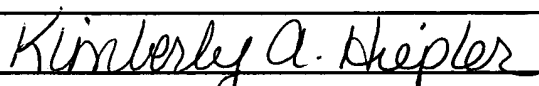


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/500,098
	Filing Date	June 24, 2004
	First Named Inventor	Anne D. Frame
	Art Unit	1655
	Examiner Name	Patricia Leith
Total Number of Pages in This Submission	Attorney Docket Number	94756/4

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Fried, Frank, Harris, Shriver & Jacobson LLP		
Signature			
Printed name	Michael David		
Date	August 8, 2006	Reg. No.	44,642

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Kimberly A. Hiepler	Date	August 8, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application Of:)	
)	
Frame, Anne D.)	Group Art Unit: 1655
)	
Serial No.: 10/500,098)	Examiner: Patricia Leith
)	
Filed: June 24, 2004)	Attorney Docket No.: 94756/4
)	
For: Anti-bacterial Plant Compositions)	
)	
)	

REQUEST FOR RECONSIDERATION UNDER 37 C.F.R. § 1.111

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

This communication is in response to the Office Action mailed on July 13, 2006, for which a response is due on August 13, 2006. No fee is due at this time. However, if the Examiner believes a fee is due, the Examiner is authorized to charge any fee in conjunction with this patent application, now or at any time during prosecution (with the exception of the fee for allowance), to our Account Number 060920.

The Restriction Requirement

The Office Action requests applicant to elect for prosecution between the claims of Group I (claims 1-8 and 26-29), Group II (claims 9-15), or Group III (claims 16-25). Office Action, page 2. The Applicant selects prosecution of the claims of Group III (claims 16-25).